

EXHIBIT 1

Golightly & Vannah vs. Hamlett, et al.
Case No. 3:16-cv-00144-MMD-VPC

SUPPLEMENT TO JOINT STATUS REPORT

EXHIBIT 1

FILED
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CV16-00245
2016-04-14 04:25:01 PM
Jacqueline Bryant
Clerk of the Court
Transaction # 5467681: yvilorla

CODE: 1130

MARK J. BOURASSA, ESQ.

Nevada Bar No. 7999

TRENT L. RICHARDS, ESQ.

Nevada Bar No. 11448

THE BOURASSA LAW GROUP, LLC

8668 Spring Mountain Road, Suite 101

Las Vegas, Nevada 89117

Tel: (702) 851-2180

Fax: (702) 851-2189

mbourassa@bourassalawgroup.comtrichards@bourassalawgroup.com*Attorneys for Defendant Universal Services, Inc.*

**IN THE SECOND JUDICIAL DISTRICT COURT
WASHOE COUNTY, NEVADA**

GOLIGHTLY & VANNAH, PLLC

Plaintiff,

vs.

HAL HAMLETT, an individual; JESSICA
HAMLETT, an individual; JAIDYN
HAMLETT, a minor; JONATHAN HOLLAND,
a minor; REGIONAL EMERGENCY
MEDICAL SERVICE AUTHORITY;
CHRISTIAN PURGASON, D.O., dba
NORTHERN NEVADA EMERGENCY
PHYSICIANS; TJ ALLEN, LLC; RENOWN
REGIONAL MEDICAL CENTER; RENO
ORTHOPAEDIC CLINIC, LTD., DR.
CHRISTENSEN; RENO RADIOLOGICAL
ASSOCIATES, CHARTERED; ROBERT G.
BERRY, JR., M.D. PROFESSIONAL
CORPORATION dba ORTHOPEDIC
REHABILITATION SPECIALISTS OF NV;
UNIVERSAL SERVICES, INC.; OPERATING
ENGINEERS FUNDS, INC. dba OPERATING
ENGINEERS HEALTH & WELFARE TRUST
FUND; DOE Defendants I through X; ROE
CORPORATION Defendants XI through XX,

Defendants.

Case No: CV16-00245

Dept No: 7

**UNIVERSAL SERVICES, INC.'S
ANSWER TO COMPLAINT IN
INTERPLEADER**

UNIVERSAL SERVICES, INC.'S ANSWER TO
COMPLAINT IN INTERPLEADER

COMES NOW Defendant UNIVERSAL SERVICES, INC., by and through its attorneys Mark J. Bourassa, Esq. and Trent L. Richards, Esq. of The Bourassa Law Group, LLC, and, in response to the Complaint in Interpleader, hereby admits, denies and alleges as follows:

1. Answering Defendant UNIVERSAL SERVICES, INC. is without sufficient knowledge or information necessary to form a belief as to the truth or falsity of the allegations contained in paragraph(s) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 of Plaintiff's Complaint in Interpleader and therefore denies the same.

2. As to paragraph 12 of Plaintiff's Complaint in Interpleader, Answering Defendant UNIVERSAL SERVICES, INC. was and is at all times mentioned herein, a foreign corporation and assignee of the claims of Reno Orthopaedic Clinic. A true and correct copy of the Individual Assignment of Account Receivable is attached hereto as *Exhibit 1*.

3. Answering Defendant UNIVERSAL SERVICES, INC. is without sufficient knowledge or information necessary to form a belief as to the truth or falsity of the allegations contained in paragraph(s) 13, 14, 15, 16, 17, 18, 19, 20, and 21 of Plaintiff's Complaint in Interpleader and therefore denies the same.

4. Answering Defendant UNIVERSAL SERVICES, INC. hereby admits the allegations contained in paragraph(s) 22 of Plaintiff's Complaint in Interpleader as to Jessica Hamlett. This Answering Defendant is without sufficient knowledge or information necessary to form a belief as to the truth or falsity of the remaining allegations and therefore denies the same.

5. Answering Defendant UNIVERSAL SERVICES, INC. is without sufficient knowledge or information necessary to form a belief as to the truth or falsity of the allegations contained in paragraph(s) 23, 24, 25, 26, 27, 28, 29, 30, 31 and 32 of Plaintiff's Complaint in Interpleader and therefore denies the same.

1 6. As to paragraph 33 of Plaintiff's Complaint in Interpleader, Answering
2 Defendant UNIVERSAL SERVICES, INC. hereby admits that it is owed One Thousand Seven
3 Hundred Twenty-Eight Dollars (\$1,728.00) pursuant to that certain Individual Assignment of
4 Account Receivable, assigning said amounts to Defendant UNIVERSAL SERVICES, INC. A
5 true and correct copy of the Individual Assignment of Account Receivable is attached hereto as
6 *Exhibit 1*. A true and correct copy of the Invoice detailing amounts owing is attached hereto as
7 *Exhibit 2*.

8 7. Answering Defendant UNIVERSAL SERVICES, INC. is without sufficient
9 knowledge or information necessary to form a belief as to the truth or falsity of the allegations
10 contained in paragraph(s) 33 and 34 of Plaintiff's Complaint in Interpleader and therefore
11 denies the same.

12 **AFFIRMATIVE DEFENSES**

13 1. Plaintiff has failed to state a claim of action against answering Defendant upon
14 which relief can be granted.

15 2. Defendant UNIVERSAL SERVICES, INC. holds a lien against any personal
16 injury settlement proceeds of Jessica Hamlett for the full amount of the billed charges and costs
17 originally incurred. Said billed charges and costs incurred by Jessica Hamlett were for medical
18 care and services provided to her in direct relation to the injury(ies) Jessica Hamlett sustained as
19 a result of an automobile accident.

20 3. Answering Defendant alleges that it has been necessary to employ the services of
21 The Bourassa Law Group to defend this action, and a reasonable sum should be allowed to
22 answering Defendant for attorney's fees, together with costs expended in this action, pursuant to
23 the Medical Lien Subrogation Contract executed by Jessica Hamlett.

24 4. Pursuant to NRCP 11, as amended, all possible affirmative defenses may not
25 have been alleged herein insofar as sufficient facts were not available after reasonable inquiry
26 upon the filing of this Answer, and therefore, this answering Defendant reserves the right to
27

1 amend this Answer to allege additional Affirmative Defenses if subsequent investigation so
2 warrants.

3 **PRAYER FOR RELIEF**

4 WHEREFORE, answering Defendant prays for judgment as follows:

5 1. That Defendant UNIVERSAL SERVICES, INC. be awarded the sum of One
6 Thousand Seven Hundred Twenty-Eight Dollars (\$1,728.00), for medical services rendered to
7 Defendant Jessica Hamlett;

8 2. That Defendant UNIVERSAL SERVICES, INC. be awarded reasonable
9 attorney's fees and costs in defending this action pursuant to contract; and

10 3. For such other and further relief as the Court may deem just and proper.

11 **AFFIRMATION PURSUANT TO NRS 239B.030**

12 The undersigned does hereby affirm that the preceding document does not contain the
13 social security number of any person.

14 DATED this 14th day of April, 2016.

15 **THE BOURASSA LAW GROUP, LLC**

16 

17 MARK J BOURASSA, ESQ.

18 Nevada State Bar No. 7999

19 TRENT L. RICHARDS, ESQ.

20 Nevada State Bar No. 11448

21 8668 Spring Mountain Road, Suite 101

22 Las Vegas, Nevada 89117

23 Tel: (702) 851-2180

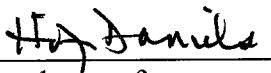
24 Fax: (702) 851-2189

25 *Attorneys for Universal Services, Inc.*

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing
UNIVERSAL SERVICES, INC.'S ANSWER TO COMPLAINT IN INTERPLEADER
was served by mailing a copy thereof, first class mail, postage prepaid, this 14th day of April,
2016 as follows:

Golightly & Vannah, PLLC
5555 S Kietzke Lane, Suite 150
Reno NV 89511
Attorneys for Plaintiff



An employee of
The Bourassa Law Group

INDEX OF EXHIBITS

- Exhibit 1. Individual Assignment of Account Receivable
1 page excluding exhibit cover sheet
- Exhibit 2. Universal Services, Inc.'s Statement
3 pages excluding exhibit cover sheet

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EXHIBIT 2

EXHIBIT 2

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Page:2/4

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

USI

3355 N FIVE MILE ROAD

STE 123

BOISE, ID 83713

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		18. INSURED'S I.D. NUMBER 000000000	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HAMLETT, JESSICA		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME	
5. PATIENT'S ADDRESS (No., Street) 1150 E CRYSTAL CANYON CT		7. INSURED'S ADDRESS (No., Street) SAME	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER		12. INSURED'S DATE OF BIRTH 03 18 1978	
13. INSURED'S POLICY OR GROUP NUMBER		14. EMPLOYER'S NAME OR SCHOOL NAME USI	
15. INSURED'S DATE OF BIRTH MM DD YY 03 18 1978		16. INSURANCE PLAN NAME OR PROGRAM NAME USI	
17. EMPLOYER'S NAME OR SCHOOL NAME		18. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19. INSURANCE PLAN NAME OR PROGRAM NAME		20. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
21. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		22. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
23. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		24. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE	
25. NAME OF REFERRING PROVIDER OR OTHER SOURCE T. J. ALLEN DR		26. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
27. RESERVED FOR LOCAL USE		28. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
29. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		29. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30. 724 2		31. MEDICAID RESUBMISSION CODE	
32. DATE(S) OF SERVICE		33. PRIOR AUTHORIZATION NUMBER	
34. A. DATE(S) OF SERVICE		35. F. CHARGES	
36. B. PLACE OF SERVICE		37. G. DAYS OR UNITS	
38. C. EMG		39. H. FAMILY PLAN	
40. D. PROCEDURES, SERVICES, OR SUPPLIES		41. I. ID QUAL	
42. E. DIAGNOSIS		43. J. RENDERING PROVIDER ID #	
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RADIOLOGICAL CONSULTATION

Patient Name: Hamlett, Jessica L
Exam Date: 09/05/2013 1:47 PM

MRN: 0809188
RENOWN IMAGING - RENO
ORTHOPAEDIC CLINIC

Ordering Provider: Allen, Timothy J, D.C.

Final Results Report

EXAMINATION:
MR-LUMBAR SPINE-W/O [MR7624]
Accession #: 7552438
Order #: 74218240

Noncontrast MR examination of the lumbar spine

HISTORY/REASON FOR EXAM: Motor vehicle accident and low back pain

TECHNIQUE/EXAM DESCRIPTION:
MRI of the lumbar spine without contrast, 9/5/2013 1:08 PM.

The study was performed on a G.E. Signa 1.5 Tesla MRI scanner.
T1 sagittal, T2 fast spin-echo sagittal, and T2 axial images were obtained
of the lumbar spine.

COMPARISON: None.

FINDINGS:
The lumbar spine maintains normal height and alignment. There is no
neoplastic bone lesion. There is no fracture or dislocation.

The visualized lower thoracic spinal cord appeared normal. There is no
intradural lesion. Prominent uterus is seen.

At the level of L5-S1, there is asymmetric disk bulge and facet joint
arthropathy. There is mild to moderate bilateral neural foraminal
stenosis.

Please contact the interpreting radiologist or any other Reno Radiological Associates radiologist if you have any questions about this report.
We also welcome any other radiology related questions or comments. RRA is the most sub-specialized radiology group in northern Nevada,
and you can contact us 24 hours a day, 7 days a week at Renown Medical Center - (775) 982-4492.

Renown X-Ray and Imaging-ROC
10085 Double R Blvd Suite 145
Reno, NV 89521-4867

Patient Name: Hamlett, Jessica L
Date of Birth: 3/18/1978
Medical Record Number: 0809188
CSN: 8505162833

Ordering Provider: Allen, Timothy J, D.C.
Ordering Address: 6155 Neil Rd
Reno NV 89511

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Renown Health

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RADIOLOGICAL CONSULTATION

Patient Name: Hamlett, Jessica L
Exam Date: 09/05/2013 1:47 PM

MRN: 0809188
RENOWN IMAGING - RENO
ORTHOPAEDIC CLINIC

Ordering Provider: Allen, Timothy J, D.C.

At the level of L4-5, there is minimal disk bulge without significant spinal or neural foraminal stenosis. There is annular fissure in the bulging disk.

At the level of L3-4, there is no spinal or neural foraminal stenosis.

At the level of the L2-3, there is no spinal or neural foraminal stenosis.

At the level of L1-2, there is no spinal or neural foraminal stenosis.

The conus terminates at the level of L1.

The visualized pre-and paraspinal soft tissues appear normal.

IMPRESSION:

1. Mild degenerative disease in the lumbar spine as described above.

INTERPRETING LOCATION: 1155 MILL ST, RENO NV, 89502

Read By: Rangaswamy, Rajesh, M.D.
Read On: 09/05/2013

This document has been electronically signed by: Rajesh Rangaswamy, M.D. on 09/05/2013 4:55 PM

Please contact the interpreting radiologist or any other Reno Radiological Associates radiologist if you have any questions about this report. We also welcome any other radiology related questions or comments. RRA is the most sub-specialized radiology group in northern Nevada, and you can contact us 24 hours a day, 7 days a week at Renown Medical Center - (775) 982-4482.

Renown X-Ray and Imaging-ROC
10085 Double R Blvd Suite 145
Reno, NV 89521-4867

Patient Name: Hamlett, Jessica L
Date of Birth: 3/18/1978
Medical Record Number: 0809188
CSN: 8505162833

Ordering Provider: Allen, Timothy J, D.C.
Ordering Address: 6155 Neil Rd
Reno NV 89511